

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Title:: A System for Automatically Weaning a
Patient from a Ventilator, and Method
Thereof
Attorney Docket Number:: CPC-006CN2
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 16
Small Entity?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: W.
Family Name:: Biondi
Name Suffix:: M.D.
City of Residence:: North Haven
State or Province of Residence:: CT
Country of Residence:: US
Street of Mailing Address:: 1601 Ridge Road
City of Mailing Address:: North Haven
State or Province of Mailing Address:: CT
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 06473

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Donald
Middle Name:: D.
Family Name:: Gilmore
City of Residence:: Kiehi
State or Province of Residence:: Hawaii
Country of Residence:: US
Street of Mailing Address:: 1083 Kupulau Drive
City of Mailing Address:: Kiehi
State or Province of Mailing Address:: Hawaii
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 96753

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Douglas
Middle Name:: M.
Family Name:: Johnston
City of Residence:: Winchester
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 48 Winthrop Street
City of Mailing Address:: Winchester
State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01890

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Robert
Family Name:: Reynolds
City of Residence:: New Haven
State or Province of Residence:: CT
Country of Residence:: US
Street of Mailing Address:: 299 Townsend Avenue
City of Mailing Address:: New Haven
State or Province of Mailing Address:: CT
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 06512

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Is a Continuation of	10/260,796	09/30/02
10/260,796	Continuation of	09/767,173	01/22/01
09/767,173	Continuation-in-part-of	09/660,820	09/13/00
09/660,820	Continuation of	09/045,461	03/20/98
09/045,461	Continuation-in-part-of	08/569,919	12/08/95

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

Assignee Information

Assignee Name::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::